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## Disordered eating attitude and its relationship with overweight/obesity among male adolescents

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### Abstract

**Objective:** To examine the relationship between *Disordered Eating Attitude* and overweight/obesity.

**Methods:** The study participants were 332 male adolescents. The subject's age ranged from 13-18 years. The convenience approach of sampling was followed to locate the participants. Disordered Eating Attitude scale developed by Alvarenga was utilized to examine the eating behaviour of the participants. Point-Biserial correlation was run to examine the relationship.

**Results:** The prevalence of overweight/obesity was 6.93%. The study found positive and significant relationship for all the subscales and overall disordered eating attitude with overweight/obesity.

**Conclusion:** It was found that as the BMI value increases the disordered eating attitude also increases among male adolescents.

**Keywords:** Disordered Eating Attitude, overweight/obesity, Obesity and eating disorder (ED)

### Introduction

Obesity and eating disorder (ED) symptoms autonomously deliberate noteworthy coercions to one's bodily and psycho-social health, displaying robust associations with fat gain and risk for disordered eating attitude. Existent literature on the occurrence, distribution, associated factors, and causes of disordered eating attitudes in overweight/obese adolescents reviewed and compiled to assess and recommend treatment for medical practitioners. The present research advises that initial recognition of disordered eating attitude in overweight/obese adolescents must be of importance to offer proper interventions, so as to decelerate the trajectory of fat gain and avert or diminish the long-sustained adverse complications related to disordered eating attitude and overweight/obesity. Further studies must concentrate on elucidating evolving paths and to develop innovative preventive and handling intrusions for overweight/obese adolescents signaling the disordered eating outlines. Recent studies indicate that health problems and mental issues might be intensified in adolescents who have both overweight/obesity and disordered eating attitudes, turning this cohort predominantly vulnerable (He *et al.*, 2017, Neumark-Sztainer *et al.*, 2009) [3, 2].

### Methods

The study participants were selected from different schools of District Amritsar of Punjab, India. The study participants were 332 male adolescents. The subject's age ranged from 13-18 years. The convenience approach of sampling was followed to locate the participants. Disordered Eating Attitude scale developed by Alvarenga was utilized to examine the eating behaviour of the participants. The following subscales of *Disordered Eating Attitude* were assessed as per the manual of the questionnaire:

- Relationship with food
- Concerns about food and weight gain
- Restrictive and compensatory practices
- Feeling toward eating
- Idea of normal eating
- Disordered Eating Attitude (overall score)

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### Statistical analysis

The data were described as means and standard deviations. Since the dependent variable overweight/obese was categorical, its relationship with the *Disordered Eating Attitude* (overall score) and its subscales was examined by running Pearson's Point-Biserial correlation. Scatter diagrams were constructed to lucidly describe the data graphically. The significance level was at 0.05. All the analyses were performed on IBM SPSS version-21.

### Results

Table 1 depicts the descriptive statistics of the parameter *Disordered Eating Attitude* and its subscales in males. The mean score and standard deviation of overall *Disordered Eating Attitude* was 90.34 and 18.08 respectively with the

score range of 49 to 124. The mean score and standard deviation of the subscale *Relationship with food* was 31.17 and 6.00 respectively with the score range of 14 to 40. The mean score and standard deviation of the subscale *Concerns about food and weight gain* was 9.57 and 2.62 respectively with the values ranging from 4 to 17. The mean value and standard deviation of the subscale *Restrictive and compensatory practices* was 9.48 and 2.24 respectively with the score range of 6 to 16. The mean score and standard deviation of the subscale *Feeling toward eating* was 9.93 and 2.16 respectively with the score range of 5 to 14. The mean score and standard deviation of the subscale *Idea of normal eating* was 30.21 and 5.83 respectively with the score range of 20 to 40.

**Table 1:** Mean and Standard Deviation of disordered eating attitude and its subscales in males

Variable	Mean	SD	Min.	Max.
Disordered Eating Attitude	90.34	18.08	49	124
Relationship with food	31.17	6.00	14	40
Concerns about food and weight gain	9.57	2.62	4	17
Restrictive and compensatory practices	9.48	2.24	6	16
Feeling toward eating	9.93	2.16	5	14
Idea of normal eating	30.21	5.83	20	40

Table 2 demonstrates the results of Point-Biserial correlation coefficient run to find out the relationship between the parameter *Disordered Eating Attitude* and Body mass index. The following results were observed after the statistical testing.

**Disordered eating attitude:** The mean difference of *Disordered Eating Attitude* was 22.84 between the Non-overweight/obese and Overweight/Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .32$ ).

**Relationship with food:** The mean difference of the subscale *Relationship with food* was 6.59 between the Non-overweight/obese and Overweight/Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .28$ ).

**Concerns about food and weight gain:** The mean difference of the subscale *Concerns about food and weight gain* was 5.74 between the Non-overweight/obese and Overweight/

Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .56$ ).

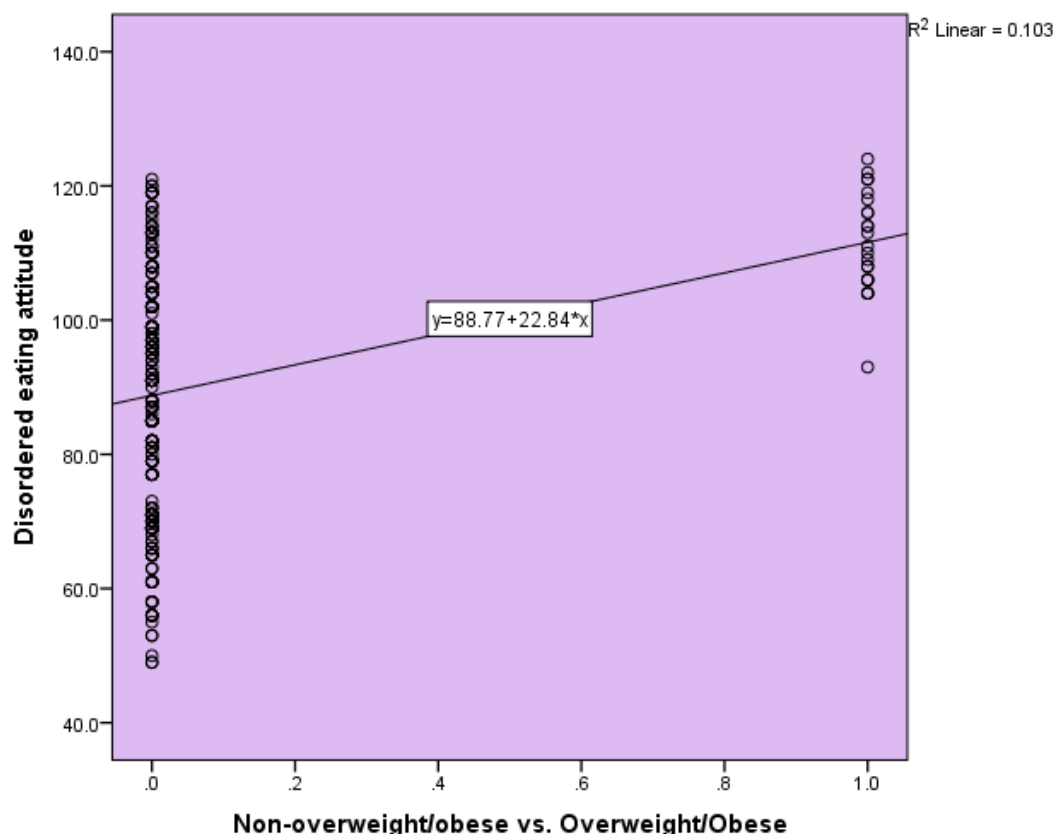
**Restrictive and compensatory practices:** The mean difference of the subscale *Restrictive and compensatory practices* was 2.99 between the Non-overweight/obese and Overweight/Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .34$ ).

**Feeling toward eating:** The mean difference of the subscale *Feeling toward eating* was 1.72 between the Non-overweight/obese and Overweight/Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .20$ ).

**Idea of normal eating:** The mean difference of the subscale *Idea of normal eating* was 5.8 between the Non-overweight/obese and Overweight/Obese adolescents and a significant positive correlation was found between the scores of both variables ( $r = .25$ ).

**Table 2:** Point-Biserial correlation between the variables

Variable	BMI Status		
	Mean difference	Point-Biserial coefficient of correlation	p-value
Disordered Eating Attitude	22.84	.32	.001*
Relationship with food	6.59	.28	.001*
Concerns about food and weight gain	5.74	.56	.001*
Restrictive and compensatory practices	2.99	.34	.001*
Feeling toward eating	1.72	.20	.001*
Idea of normal eating	5.8	.25	.001*



**Fig 1:** Graphical portrayal of relationship between the parameter *Disordered Eating Attitude* and Overweight/obesity in male adolescents

### Discussion and conclusion

The study was intended to assess the relationship between disordered eating attitude and overweight/obesity among the male adolescents. The prevalence of overweight/obesity was 6.93%. The study found positive and significant relationship for all the subscales and overall disordered eating attitude. However, the strength of association was moderate. These results indicates that as the BMI status goes up, the score of disordered eating attitude also rises. Specifically, the subscale *Concerns about food and weight gain* showed maximum correlation with raised BMI. Whereas, the subscale *Feeling toward eating* demonstrated lowest correlation with overweight/obesity. The worldwide growing overweight/obesity level and its allied health problems are supposed to be primary cause of increasing anxiety about unwarranted body weight that can result in disordered eating attitude and extreme dieting (Goldschmidt, Aspen, Sinton, Tanofsky-Kraff, & Wilfley, 2008) [1]. There has been also prevalent discrimination for people with obesity that can add to disproportions in mental and physical health results and impact operative obesity interventions.

### References

1. Goldschmidt AB, Aspen VP, Sinton MM, Tanofsky-Kraff M, Wilfley DE. Disordered eating attitudes and behaviors in overweight youth Obesity. 2008;16(2):257–64.
2. Neumark-Sztainer D, Wall M, Story M, Sherwood NE. Five-year longitudinal predictive factors for disordered eating in a population-based sample of overweight adolescents: Implications for prevention and treatment, International Journal of eating disorders. 2009;42(7):664–72.
3. He J, Cai Z, Fan X. Prevalence of binge and loss of control eating among children and adolescents with overweight and obesity: An exploratory meta-analysis,

International Journal of eating disorders. 2017;50(2):91–103.

4. Daniels SR: The consequences of childhood overweight and obesity Future Child. 2006;16(1):47-67. DOI: 10.1353/foc.2006.0004.
5. WHO. Overweight and obesity, 2020. <http://www.who.int/mediacentre/factsheets/fs311/en>,
6. Al-Nakeeb Y, Duncan MJ, Lyons M, Woodfield L. Body fatness and physical activity levels of young children Ann Hum Biol. 2007;34:1–12. DOI: 10.1080/03014460601079886
7. Anderson PM, Butcher KF. Childhood obesity: trends and potential causes Future Child. 2006;16:19–45. DOI: 10.1353/foc.2006.0001
8. Bingham DD, Varela-Silva MI, Ferrão MM, Augusta G, Mourão MI, Nogueira H. *et al.* Socio-demographic and behavioral risk factors associated with the high prevalence of overweight and obesity in Portuguese children, Am. J. Hum. Biol. 2013;25:733–742. DOI: 10.1002/ajhb.22440